



Gulf of Mexico Alliance
1ST Annual
MONITORING FORUM
June 3-5, 2008
St. Petersburg, FL

Return form to:
Linda Sedlacek
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Office of Coastal and Aquatic
Managed Areas
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REGISTRATION FORM

Use one form per person
(Please Print)

NAME BADGE INFORMATION

Last name:	First name:
Company/Institution Name (max 40 characters):	
State:	

MAILING INFORMATION

Last name:	First name:	
Street address 1:		
Street address 2:		
City:	State:	ZIP Code:
E-mail:		
Telephone: () -		
Fax: () -		

ATTENDANCE

Check dates that you plan to attend.

- ☐ Tuesday, June 3 (8 am-5 pm)
☐ Wednesday, June 4 (8 am-5 pm)
☐ Thursday, June 5 (8 am-12 pm)

INTEREST

Please check which presentation session you wish to attend.

- | | | |
|---|--|---|
| <input type="checkbox"/> Harmful Algal Blooms | <input type="checkbox"/> Microbial Source Tracking | <input type="checkbox"/> Coastal/Estuarine
Monitoring
(Including Nutrient and
Dissolved Oxygen Criteria) |
|---|--|---|

Please check the workshop(s) in which you are interested.

- | | | |
|---|--|--|
| <input type="checkbox"/> Nutrient Sources, Fate,
and Transport | <input type="checkbox"/> Field-measurement and
sampling comparability (QA/QC) | <input type="checkbox"/> DEP field-sampling training |
|---|--|--|

PRESENTATIONS

You will have to submit a separate form for abstract submission.

I also plan to give a(n):

- ☐ Poster presentation
☐ Oral presentation

Registration is free of charge. Please register by May 16th, BUT room block ends April 30th.